

# An Orientation Guide for New Physicians

in Newfoundland and Labrador

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College of Physicians and Surgeons of Newfoundland and Labrador

# About the guide

This guide is designed as a reference for physicians requesting licensure for the first time by the College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL) to practice medicine in the province.

Each section contains a summary of key topics, grouped under major subject headings. The sections are arranged in order from the foundation of self-regulation, through ethical issues to common issues faced in everyday practice.

All of the information is useful to situations physicians in the province face every day.

Each section contains live links\* to more information. Physicians are strongly encouraged to follow the links to detailed information or the original documentation.

Links are indicated by light blue lettering or by a symbol like this  in front of a document title in a bullet list. Web addresses are also included for each link for those who print a hard copy of the guide.

For physicians educated outside Canada, this guide will be a useful component of the orientation to Newfoundland and Labrador as well as to the practice of medicine here. It is part of a new approach to orientation intended to provide a seamless transition to practice in a new place, a new environment and for many, a new culture.

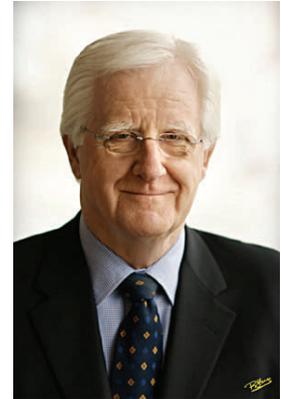
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\*These web site links were active at the time this publication was committed to PDF.

# Message from the registrar



You are joining a professional community of more than 1300 physicians across the province practicing in settings as diverse as the physicians themselves.

While the majority of physicians in Newfoundland and Labrador received their training in Canada, fully 41% were trained outside Canada and, indeed, outside North America. This range of experience gives the practice of medicine in Newfoundland and Labrador a unique character which, if experience continues to be true, will prove invaluable to you.

Community is the right word. None of us practices alone. Your colleagues stand ready to assist you in all aspects of your practice.

Whether you are practicing in a large centre or in a smaller community, support is readily available to you. Newfoundland and Labrador is a very large place and the population is relatively small. However, your colleagues have the inheritance of over two hundred years of medical practice in the province.

No matter where they trained, your colleagues share a commitment to providing the best possible care to their patients. They share a professional commitment to collaboration with their physician colleagues and with other health professionals.

As members of the College of Physicians and Surgeons of Newfoundland and Labrador, physicians across Newfoundland and Labrador enjoy the privilege of self-regulation. It is a privilege we take very seriously and one which you will learn more about in this guide.

On behalf of the Council of the College and your fellow physicians in Newfoundland and Labrador, I welcome you to our province and look forward to your contribution to the practice of our profession.

A handwritten signature in black ink that reads "Robert Young". The signature is written in a cursive, slightly stylized font.

**Robert W. Young, MD, FRCPC**

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# Chapter One:

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## ***a self-regulating profession***

As a physician in Newfoundland and Labrador, you are a part of a self-regulating health profession.

Self-regulation is a contract between physicians and the society in which we live.

### **The legal basis of self-regulation**

Through the College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL), the physicians of the province ensure that the specialized nature of their work is carried out with honour, integrity, and with the public good foremost in their thoughts and actions.

Simply put, self-regulation is a privilege, brokered on trust, granted by the public to professionals. Through this understanding, professionals must clearly set the standards for practice, for competence, for licensure, and for behaviour within their profession.

The College's legal authority to regulate medical practice comes from the [Medical Act, 2005](#).

The Newfoundland Medical Board was established in 1893 as a statutory body by the Legislative Council and House of Assembly of Newfoundland with powers for "the making and enforcing of measures necessary for the regulation and practice of medicine, and the protection and preservation of life and health".

The *Medical Act, 2005* continued the Newfoundland Medical Board under the name of the College of Physicians and Surgeons of Newfoundland and Labrador.

The change was in more than just name. As a college similar to those in other provinces, CPSNL includes all licensed medical practitioners as members of the college.

This emphasizes the responsibility of each physician as part of a self-regulated profession to merit and support the privilege of self-regulation.

The *Medical Act, 2005* establishes the College's responsibility for and the form of its governance, licensure and discipline of the profession.

## Resources

### **The Medical Act, 2005**

The *Medical Act, 2005* governs the college and its activities. It provides for governance, discipline, and accountability which are reflective of the governance of the medical profession in Canada. The Act and regulations enable practitioners and the public to understand the self-regulation process.

- ❑ [Medical Act, 2005](http://www.assembly.nl.ca/legislation/sr/statutes/m04-01.htm)  
http://www.assembly.nl.ca/legislation/sr/statutes/m04-01.htm
- ❑ [Highlights of the Medical Act, 2005](http://www.cpsnl.ca/default.asp?com=Publications&m=317&y=2010&id=45)  
http://www.cpsnl.ca/default.asp?com=Publications&m=317&y=2010&id=45
- ❑ [Medical Board Regulations](http://www.assembly.nl.ca/Legislation/sr/Regulations/rc961113.htm)  
http://www.assembly.nl.ca/Legislation/sr/Regulations/rc961113.htm
- ❑ [Peer Assessment Regulations](http://www.assembly.nl.ca/Legislation/sr/Regulations/rc980003.htm)  
http://www.assembly.nl.ca/Legislation/sr/Regulations/rc980003.htm
- ❑ [Prescription Drug Monitoring Program regulations \[not in effect\]](http://www.assembly.nl.ca/Legislation/sr/Regulations/rc000029.htm)  
http://www.assembly.nl.ca/Legislation/sr/Regulations/rc000029.htm

### **Other statutes**

In addition to the *Medical Act, 2005*, the [Hospital Insurance Agreement Act](http://www.assembly.nl.ca/legislation/sr/statutes/h07.htm) [http://www.assembly.nl.ca/legislation/sr/statutes/h07.htm] and the [Medical Care Insurance Act, 1999](http://www.assembly.nl.ca/legislation/sr/statutes/m05-1.htm), [http://www.assembly.nl.ca/legislation/sr/statutes/m05-1.htm] several other provincial and federal statutes impact the practice of medicine. These statutes deal with public health and safety and the welfare of individuals as well as miscellaneous other issues which may be encountered in medical practice.

Notes

Several statutes, such as the [Child, Youth and Family Services Act](#) and the [Highway Traffic Act](#) establish important duties of physicians to report to responsible provincial authorities in certain instances.

The College has prepared a summary of these statutes :

- [Summary of Statutes affecting the practice of medicine in Newfoundland and Labrador](#) (CPSNL, 2009) <http://www.cpsnl.ca/userfiles/file/statute%20summary%20v%202%20%20march%202009.pdf>

This College publication is intended to give physicians an overview of some provincial and federal statutes applicable to medical practice in Newfoundland and Labrador. The summary publication includes a brief description of each statute. The list below links to the online version of each statute from the Government of Newfoundland and Labrador or Government of Canada web site.

### **Welfare of Individuals**

- [Child, Youth and Family Services Act](#)  
<http://www.assembly.nl.ca/legislation/sr/statutes/c12-1.htm>
- [Neglected Adults Welfare Act](#)  
<http://www.assembly.nl.ca/legislation/sr/statutes/n03.htm>
- [Mentally Disabled Persons' Act](#)  
<http://www.assembly.nl.ca/legislation/sr/statutes/m10.htm>
- [The Mental Health Care and Treatment Act](#)  
<http://www.assembly.nl.ca/Legislation/sr/Annualstatutes/2006/M09-1.c06.htm>
- [Advance Health Care Directives Act](#)  
<http://www.assembly.nl.ca/legislation/sr/>

statutes/a04-1.htm

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### **Public Health and Safety Statutes**

- ❑ [Health and Community Services Act](http://www.assembly.nl.ca/legislation/sr/statutes/p37-1.htm)  
http://www.assembly.nl.ca/legislation/sr/statutes/p37-1.htm
- ❑ [Communicable Diseases Act](http://www.assembly.nl.ca/legislation/sr/statutes/c26.htm)  
http://www.assembly.nl.ca/legislation/sr/statutes/c26.htm
- ❑ [Workplace Health, Safety and Compensation Act](http://www.assembly.nl.ca/legislation/sr/statutes/w11.htm)  
http://www.assembly.nl.ca/legislation/sr/statutes/w11.htm
- ❑ [Highway Traffic Act](http://www.assembly.nl.ca/legislation/sr/statutes/h03.htm)  
http://www.assembly.nl.ca/legislation/sr/statutes/h03.htm
- ❑ [Occupational Health and Safety Act](http://www.assembly.nl.ca/legislation/sr/statutes/o03.htm)  
http://www.assembly.nl.ca/legislation/sr/statutes/o03.htm

### **Miscellaneous Acts**

- ❑ [Fatalities Investigation Act](http://www.assembly.nl.ca/legislation/sr/statutes/f06-1.htm)  
http://www.assembly.nl.ca/legislation/sr/statutes/f06-1.htm
- ❑ [Regional Health Authorities Act](http://www.assembly.nl.ca/legislation/sr/statutes/r07-1.htm)  
http://www.assembly.nl.ca/legislation/sr/statutes/r07-1.htm
- ❑ [Human Tissue Act](http://www.assembly.nl.ca/legislation/sr/statutes/h15.htm)  
http://www.assembly.nl.ca/legislation/sr/statutes/h15.htm
- ❑ [Pharmaceutical Services Act](http://www.assembly.nl.ca/legislation/sr/statutes/p12-01.htm)  
http://www.assembly.nl.ca/legislation/sr/statutes/p12-01.htm
- ❑ [Personal Health Information Act \[some sections in force, November 2009\]](http://www.assembly.nl.ca/legislation/sr/statutes/r07-1.htm)  
http://www.assembly.nl.ca/legislation/sr/statutes/r07-1.htm

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- ❑ [Emergency Medical Aid Act](#)  
<http://www.assembly.nl.ca/legislation/sr/statutes/e09.htm>
- ❑ [Vital Statistics Act 2009](#)  
<http://www.assembly.nl.ca/legislation/sr/statutes/v06-01.htm>

**Federal Statutes**

- ❑ [Aeronautics Act and regulations](#)  
<http://laws.justice.gc.ca/en/A-2>
- ❑ [Controlled Drugs and Substances Act and regulations](#)  
<http://laws.justice.gc.ca/en/C-38.8/index.html>
- ❑ [Merchant Seamen Compensation Act and regulations](#)  
<http://laws.justice.gc.ca/en/M-6>
- ❑ [Railway Safety Act](#)  
<http://laws.justice.gc.ca/en/R-4.2>

## About the College

The College of Physicians and Surgeons of Newfoundland and Labrador regulates the practice of medicine in the public interest.

It is governed by a 14 member Council, which includes the Registrar, a fully-licensed medical practitioner, who is an ex-officio member, appointed by the Council.

Of the remaining 13 members, seven are licensed medical practitioners elected by their peers and six are appointed by the Minister of Health and Community Services. Two of the six are nominated by the Newfoundland and Labrador Medical Association. Of the remaining four appointed by the minister, three are not medical practitioners and one is appointed from a list submitted by the Board of Regents of Memorial University. The Memorial University nominated appointee may or may not be a medical practitioner.

The College fulfills its mission by:

- Setting qualifications for registration and licensure;
- Conducting a rigorous licensing process;
- Investigating complaints;
- Conducting disciplinary hearings;
- Setting standards for ethical, professional behaviour;
- Setting standards for medical practice through by-laws, policies, guidelines and advisories;
- Promoting continued competence through re-validation and peer review;
- Registering professional medical corporations (PMCs); and,
- Maintaining registers of licensed physicians.

## Resource

### CPSNL web site

The CPSNL web site provides practicing physicians, residents in training, and the general public with a better understanding of the role of



The current College logo, like the seal of the Newfoundland Medical Board before it, incorporates as a central device the figure of *Hygieia*, the ancient Greek goddess of health.

Her father, *Asklepios*, was the god of medicine but *Hygieia* represented the health and the prevention of sickness.

The Hippocratic oath includes a reference to her, alongside her father and *Panakeia*, the all-curing goddess from whose name the word panacea is derived.

“1893” refers to the year in which the Newfoundland legislature passed the first medical regulatory act and created the Newfoundland Medical Board.



[Cluny Macpherson](#), MD, served as registrar of the Newfoundland Medical Board from 1937 to 1966.

During World War One, Dr. Macpherson invented the first practical gas helmet. It remained in use throughout the war.

physicians in the provision of health care in the province. Included on the web site are links to various statutes, by-laws, guidelines and regulations; a searchable database of the physicians currently practicing medicine in the province; registration information for new physicians; and other detailed information relevant to the medical profession.

- [College of Physicians and Surgeons of Newfoundland and Labrador](#)  
<http://www.cpsnl.ca>

## Atlantic Provinces Medical Peer Review

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The Atlantic Provinces Medical Peer Review Program is an educational process sponsored co-operatively by the Colleges and medical professional associations in New Brunswick, Prince Edward Island and Newfoundland and Labrador. The program has been operational since 1993, and has now peer reviewed more than 2200 physicians throughout the region.

Physicians licensed in the three provinces have been assigned an APMPR number which is the only identifier on assessment reports. As well, legislation provides for the protection of peer assessment results through the *Medical Act* and the *Evidence Act* in each province.

It is a fundamental principle of the APMPR program that the assessor must be a peer engaged in a practice similar to that of the physician being assessed.



All of the assessors have had their individual practices assessed, and have been carefully screened before being invited to participate as members of the assessment pool. They are sensitive to the professional judgment of individual physicians, conscious of the concerns about confidentiality, and committed to making the peer review process a positive and rewarding experience for those involved.

All physicians selected for peer review are requested to complete a "Physician Questionnaire" which provides APMPR with relevant information about the physician and his or her practice. This information is used to determine whether a physician is eligible for peer review, and to determine the scope of the physician's practice. For instance, APMPR excludes from review those physicians not currently maintaining an active practice, but who may be contributing their medical expertise to a private company or government department.

Through education and assessment of physicians, the

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program is intended to contribute to quality patient care and promote excellence in medical practices. More information on the peer review process can be found at the APMPR website.

## Resource

- [Atlantic Provinces Medical Peer Review Program](http://www.apmpr.ca)  
<http://www.apmpr.ca>

## College regulations, by-laws, policies and guidelines

Through the Council, the College establishes regulations, by-laws, policies and guidelines for College administration and the practice of medicine in the province.

Each of these serves to provide physicians throughout Newfoundland and Labrador with guidance on the practice of medicine.

**Regulations** are made under the *Medical Act, 2005* and as such, they carry the full force of law. Regulations establish rules governing the profession as a whole.

**By-laws** establish rules for the College itself and physicians as College members.

The first three by-laws relate to the administration of the College. **By-Law 1** concerns the election of members to Council. **By-Law 2** sets the rules for meetings of the College while **By-Law 3** sets down rules for meetings of Council.

**By-Law 4** establishes the legal basis for the registers of licensed physicians and indicates the amount of information in the registers which is considered to be in the public domain.

**By-Law 5**, which is discussed separately in this guide, establishes the ethical foundation of medical practice in the province. It also includes definitions applicable to the College disciplinary process and an advertising code for physicians.

**By-Law 6** sets down the requirements for maintaining patient records.

**By-Law 7** covers the collection of information and the verification of information by the College related to registration and licensing.

**Policies, Guidelines and Advisories**, [<http://www.cpsnl.ca/default.asp?com=Policies&id=&m=329>] reflect the current College position on topics of concern to physicians in the province.

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A complete list of the current guidelines can be found at the CPSNL website. They are also listed below with links to each one.

## Resources—Policies, Guidelines and Advisories

### Adjudication Hearings

- ❑ [Information on Motions to Close Adjudication Hearings](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=5) http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=5
- ❑ [Conduct Guidelines for Adjudication Hearings](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=4) http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=4

### Advertising

- ❑ [Extract from By-Law 5 - Advertising and Communication](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=7) http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=7

### Anesthesia Practice

- ❑ [Guideline—Anesthesia Practice under General Practice Anesthesia](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=8) http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=8

### Boundary Violation and Misconduct of a Sexual Nature

- ❑ [Boundary Violations and Misconduct of a Sexual Nature](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=9) http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=9

### Certificate of Standing

- ❑ [Policy - Disclosure of complaint/discipline information on certificates of standing](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=10) http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=10

### Consent

- ❑ [Minors - Guideline on Consent to Medical Treatment](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=11) http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=11

### Continuity of Care

- ❑ [A Physician's Responsibilities when Per-](#)

[manently Closing a Medical Practice](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=12)

[http://www.cpsnl.ca/default.asp?  
com=Policies&m=329&y=&id=12](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=12)

- ❑ [Guideline - Physician's responsibilities when closing their medical practice for an extended period](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=13) <http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=13>
- ❑ [Responsibility for Continuity of Care - Patients without a Family Physician](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=14) <http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=14>

**Disclosure**

- ❑ [Disclosure of an Adverse Outcome](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=15) <http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=15>

**Dispensing**

- ❑ [Guideline for Dispensing of Medications by Medical Practitioners](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=16) <http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=16>

**Doctor-Patient Relationship**

- ❑ [Guideline - Ending the Doctor-Patient Relationship](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=17) <http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=17>
- ❑ [One problem per visit not the solution](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=18) <http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=18>

**Fluency in English**

- ❑ [Fluency in English](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=64) <http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=64>

**Health Emergencies**

- ❑ [Guideline - Physicians and Health Emergencies](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=54) <http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=54>

**Independent Medical Examinations**

- ❑ [Guideline - Independent Medical Examinations \(IMEs\)](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=25) <http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=25>

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**Infection Control**

- ❑ [Infection Control in the Physician's Office](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=25)  
http://www.cpsnl.ca/default.asp?  
com=Policies&m=329&y=&id=25

**Marijuana**

- ❑ [Advice for Physicians on the Medicinal Use of Marijuana](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=26) http://www.cpsnl.ca/  
default.asp?com=Policies&m=329&y=&id=26

**Medical Council of Canada Evaluating Examination**

- ❑ [Policy - Medical Council of Canada Evaluating Examination](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=27) http://www.cpsnl.ca/  
default.asp?com=Policies&m=329&y=&id=27

**Medical Education**

- ❑ [Policy - Supervision of Undergraduate Medical Students](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=29) http://www.cpsnl.ca/  
default.asp?com=Policies&m=329&y=&id=29
- ❑ [Policy - Supervision of Postgraduate Trainees](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=28)  
http://www.cpsnl.ca/default.asp?  
com=Policies&m=329&y=&id=28

**Medical Records**

- ❑ [Guideline - The Patient Medical Record](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=31)  
http://www.cpsnl.ca/default.asp?  
com=Policies&m=329&y=&id=31
- ❑ [Retention and Storage of Medical Records](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=30)  
http://www.cpsnl.ca/default.asp?  
com=Policies&m=329&y=&id=30
- ❑ [Patient Access to Office Medical Records](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=32)  
http://www.cpsnl.ca/default.asp?  
com=Policies&m=329&y=&id=32

**Methadone and Buprenorphine**

- ❑ [Methadone Maintenance Treatment Guidelines](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=66) http://www.cpsnl.ca/default.asp?  
com=Policies&m=329&y=&id=66
- ❑ [Guidelines for prescribing Buprenorphine](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=33)  
http://www.cpsnl.ca/default.asp?  
com=Policies&m=329&y=&id=33

### **Moonlighting**

- ❑ [Moonlighting by Residents in Postgraduate Training](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=36) <http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=36>

### **Pain Management**

- ❑ [Use of Controlled Substances for the Treatment of Pain](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=37) <http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=37>

### **Patient Questionnaires**

- ❑ [Advisory - Requiring Prospective Patients to Complete Medical Questionnaires](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=39) <http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=39>

### **Prescribing**

- ❑ [Advisory - Prescribing Narcotics](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=41) <http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=41>
- ❑ [Policy - Prescribing Practices/Signing or Countersigning Extra-Provincial Prescriptions/Internet Pharmacies](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=42) <http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=42>
- ❑ [Policy - Prescribing Practices/Signing or Countersigning Prescriptions for Patients in the Province](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=43) <http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=43>
- ❑ [Guideline for Physicians Prescribing Narcotics, other Controlled Substances and Benzodiazepines for Themselves and other Family Members](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=45) <http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=45>
- ❑ [Policy - Non-Resident Physicians Prescribing for Patients outside Newfoundland and Labrador and in particular Countersigning Cross Border Prescriptions](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=44) <http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=44>

Notes

**Professional Conduct**

- ❑ [Medical Professionalism in the New Millennium: a Physician's Charter](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=46) http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=46

**Registration and Licensing**

- ❑ [Revalidation](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=56) http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=56

**Sterilization and Disinfection**

- ❑ [Cleaning, Sterilization and Disinfection of Medical Instruments](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=47) http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=47

**Therapies**

- ❑ [Chelation Therapy](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=48) http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=48

**Vaccines**

- ❑ [Guideline for Vaccine Storage](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=49) http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=49

**Withdrawal of Services**

- ❑ [Withdrawal of Physician Services during Job Actions](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=61) http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=61
- ❑ [An Expanded Guideline Regarding Withdrawal of Physician Services During Job Action](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=62) http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=62

## Physician Search

Notes

Under the *Medical Act, 2005*, the College maintains the medical register of physicians licensed to practice medicine in Newfoundland and Labrador. In addition, the College maintains registers of specialists, postgraduate and undergraduate medical students (the Educational Register) and professional medical corporations.

*Physician Search* is an online medical directory of physicians currently licensed to practice medicine in the province. The directory, found on the College website, is based on the medical registers. The directory also includes residents holding a locum license, family practice residents in the second and third year of training and residents holding modified provisional licenses that enable them to prescribe.

Since February 2010, the College has also maintained a separate public list of family physicians accepting new patients. The family physicians listed in this directory indicated to the College that they are accepting new patients and that the College may publicize that information on the College website.

The directory is updated weekly. The online medical directory is searchable and is used by patients as well as physicians and other health care professionals.

## Resource

- ❑ [College of Physicians and Surgeons of Newfoundland and Labrador Physician Directory](http://www.cpsnl.ca/default.asp?com=DoctorSearch&adv=1)  
[http://www.cpsnl.ca/default.asp?  
com=DoctorSearch&adv=1](http://www.cpsnl.ca/default.asp?com=DoctorSearch&adv=1)
  
- ❑ [Family Physicians Accepting New Patients](http://www.cpsnl.ca/default.asp?com=DoctorSearch&adv=2)  
[http://www.cpsnl.ca/default.asp?  
com=DoctorSearch&adv=2](http://www.cpsnl.ca/default.asp?com=DoctorSearch&adv=2)

## Continuing professional development and revalidation

*All licensed physicians in Canada must participate in a recognized revalidation process in which they demonstrate their commitment to continued competent performance in a framework that is fair, relevant, inclusive, transferable and formative.*

Federation of Medical Regulatory Authorities of Canada position statement on revalidation.

In 2007, CPSNL adopted a policy endorsing revalidation for physicians in the province. The College is continuing its efforts to implement continuing professional development and revalidation for all newly licensed physicians and for all physicians renewing their licenses.

When implemented, the revalidation program will require:

- every member of the College to participate in a program of maintenance of certification/continuing professional development offered by the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada (the national certification colleges) or an alternative program approved by the College;
- every member of the College to provide annually to the College acceptable documentation indicating participation by the member during the preceding year in a maintenance of certification/continuing professional development program offered by a national certification college; and,
- every member of the College, upon request, to provide the College with acceptable documentation, confirming successful completion of the five year cycle of the maintenance of certification/continuing professional development program in which the member has participated.

In the interim, before the revalidation regulations are in force, the College would encourage physicians to con-

tinue or to commence their participation in physician revalidation by voluntarily following one of the following steps:

- If you are already a member of one of the national certification colleges, participate in the appropriate College continuing professional development/maintenance of certification program;
- If you are not a member of either of the national certification colleges, enroll in the appropriate college continuing professional development/maintenance of certification program as a non-member;
- If you have identified an alternative revalidation program, inform the College in writing of the intent to utilize the alternative program.

It is important to note that participation in the national certification colleges' maintenance of certification/continuing professional development programs will not replace the requirement that members, when notified, also participate in the Atlantic Provinces Medical Peer Review Program.

Both processes are required. They complement each other as components of the College's revalidation process.

In adopting revalidation, the College recognizes that it is no longer sufficient that the College only assure that physicians are competent when they are first licensed to enter into medical practice. It is imperative that the College confirm that physicians remain competent to practice medicine throughout their professional careers. Maintaining professional standards of performance and competence is not optional and will require continuing professional development.

Over a five year cycle, participation in, and satisfactory completion of, the national certification colleges' maintenance of certification program, appropriate to the physician's practice, will meet the continuing professional development revalidation requirements of the College for that period.

Physicians who choose not to participate in such a program offered by either of the national certification col-

### Notes

See also *Chapter Four: Licensing, Certification and Registration* (page 49)

Notes

Physicians may choose to participate in an alternative program.

The program must be approved by the College and must be relevant and appropriate to the physician's specialty or area of practice. Physicians are advised to submit their proposed alternative program to the College in writing for the College's review and approval.

There is the possibility that other agencies may offer continuing professional development programs or continuing medical education programs which are appropriate to revalidation and acceptable to the College.



# Chapter Two:

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## *the ethical and professional foundation*

The Canadian Medical Association Code of Ethics is a guide for Canadian physicians, including residents, and medical students.

The Code focuses on the core activities of medicine such as health promotion, advocacy, disease prevention, diagnosis, treatment, rehabilitation, palliation, education and research. It is based on the fundamental principles and values of medical ethics, especially compassion, beneficence, non-maleficence, respect for persons, justice and accountability.

### **Canadian Medical Association Code of Ethics**

The Code constitutes a compilation of guidelines that can provide a common ethical framework for Canadian physicians.

Physicians should be aware of the legal and regulatory requirements that govern medical practice in their jurisdictions. Physicians may experience tension between different ethical principles, between ethical and legal or regulatory requirements, or between their own ethical convictions and the demands of other parties.

Training in ethical analysis and decision-making during undergraduate, postgraduate and continuing medical education is recommended for physicians to develop their knowledge, skills and attitudes needed to deal with these conflicts.

Consultation with colleagues, regulatory authorities, ethicists, ethics committees or others who have relevant expertise is also recommended.

*...based on the fundamental principles and values of medical ethics, especially compassion, beneficence, non-maleficence, respect for persons, justice and accountability.*

### **Resource**

- ❑ [Canadian Medical Association \(CMA\) Code of Ethics](http://policybase.cma.ca/PolicyPDF/PD04-06.pdf) <http://policybase.cma.ca/PolicyPDF/PD04-06.pdf>

## By-Law 5—Code of Ethics

Notes

In By-Law 5, the College Council establishes the ethical basis for the practice of medicine in Newfoundland and Labrador. By-Law 5 formally adopts the CMA Code of Ethics for the College.

The By-law also establishes:

- a physician's professional responsibilities to patients, the profession and the College;
- the definitions of professional misconduct;
- the definition of conduct unbecoming a medical practitioner;
- the definition of professional incompetence;
- the definition of incapacity to practice;
- rules on advertising and communication.

### Resource

- [By-Law 5—Code of Ethics](http://http://www.cpsnl.ca/default.asp?com=Bylaws&m=292&y=&id=5)  
<http://http://www.cpsnl.ca/default.asp?com=Bylaws&m=292&y=&id=5>

## Boundaries

Personal relationships between a physician and his or her patient, as distinct from the professional relationship in providing care, may threaten that care.

Physicians are ethically responsible to ensure that these boundaries are not violated. To assist physicians in their day-to-day practice, the College recently adopted a new policy on boundary violations particularly as related to sexual relationships between physicians and patients.

Allegations of boundary violations will be thoroughly investigated by the College and if proven will be the subject of disciplinary measures.

### Resource

- [Guideline - Boundary Violations and Misconduct of a Sexual Nature](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=9) <http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=9>

## Medical professionalism in the new millennium: a physician's charter

In 2008, the College Council formally accepted the Physician's Charter as forming part of the ethical foundation of medical practice in Newfoundland and Labrador.

Developed by an international team of physicians in 2002, the Charter provides an ethical framework for the profession that applies across national and cultural borders in a time of rapid social, professional and technological change.

The editor of the *Annals of Internal Medicine* described the background to the Charter this way:

**To our readers:** I write briefly to introduce the Medical Professionalism Project and its principal product, the Charter on Medical Professionalism. The charter appears in print for the first time in this issue of *Annals* and simultaneously in *The Lancet*. I hope that we will look back upon its publication as a watershed event in medicine. Everyone who is involved with health care should read the charter and ponder its meaning.

The charter is the product of several years of work by leaders in the ABIM Foundation[\*], the ACP-ASIM Foundation[\*\*], and the European Federation of Internal Medicine. The charter consists of a brief introduction and rationale, three principles, and 10 commitments. The introduction contains the following premise: Changes in the health care delivery systems in countries throughout the industrialized world threaten the values of professionalism. The document conveys this message with chilling brevity. The authors apparently feel no need to defend this premise, perhaps because they believe that it is a universally held truth. The authors go further, stating that the conditions of medical practice are tempting physicians to abandon their commitment to the primacy of patient welfare. These are very strong words. Whether they are strictly true for the profession as a whole is almost beside the point. Each physician must decide if the circumstances of practice are threatening his or her adherence to the values that the medical profession has held dear for many millennia.

Three Fundamental Principles set the stage for the heart of the charter, a set of commitments. One of the three principles, the principle of primacy of patient welfare, dates from ancient times. Another, the principle of patient autonomy, has a more recent history. Only in the later part of the past century have

people begun to view the physician as an advisor, often one of many, to an autonomous patient. According to this view, the center of patient care is not in the physician's office or the hospital. It is where people live their lives, in the home and the workplace. There, patients make the daily choices that determine their health. The principle of social justice is the last of the three principles. It calls upon the profession to promote a fair distribution of health care resources.

There is reason to expect that physicians from every point on the globe will read the charter. Does this document represent the traditions of medicine in cultures other than those in the West, where the authors of the charter have practiced medicine? We hope that readers everywhere will engage in dialogue about the charter, and we offer our pages as a place for that dialogue to take place. If the traditions of medical practice throughout the world are not congruent with one another, at least we may make progress toward understanding how physicians in different cultures understand their commitments to patients and the public.

Many physicians will recognize in the principles and commitments of the charter the ethical underpinning of their professional relationships, individually with their patients and collectively with the public. For them, the challenge will be to live by these precepts and to resist efforts to impose a corporate mentality on a profession of service to others. Forces that are largely beyond our control have brought us to circumstances that require a restatement of professional responsibility. The responsibility for acting on these principles and commitments lies squarely on our shoulders.

Harold C. Sox, MD, Editor

[Dr. Sox's introduction and the text of the Charter reproduced with permission from the [Annals of Internal Medicine](#), (Volume 136 Issue 3, February 2002, pp. 243-246).]

\* American Board of Internal Medicine Foundation

\*\* American College of Physicians-American Society of Internal Medicine Foundation

Notes

The three principles are:

- **Patient welfare**
- **Patient autonomy**
- **Social Justice**

The 10 professional responsibilities are:

- **Commitment to professional competence**
- **Commitment to honesty with patients**
- **Commitment to patient confidentiality**
- **Commitment to maintaining appropriate relationships with patients**
- **Commitment to improving quality of care**
- **Commitment to improving access to care**
- **Commitment to a just distribution of finite resources**
- **Commitment to scientific knowledge**
- **Commitment to maintaining trust by managing conflicts of interest**
- **Commitment to professional responsibilities**

## Resource

- [Medical Professionalism in the New Millennium: a physician's charter](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=46)  
<http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=46>

# Chapter Three:

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## *current practice issues*

As physicians, our care for patients is founded on a relationship between each of us as medical professionals on the one hand and our patients on the other.

The basis of that relationship is full, open communication that recognizes the rights,

### **Communication, consent and disclosure**

responsibilities and power of both parties. Respect for the autonomy and personal dignity of the patient is central to the provision of ethically sound patient care.

Patients must provide informed consent to treatment and it is the ethical responsibility of physicians to ensure patients are fully and appropriately informed about their medical care.

This principle is affirmed in law through decisions by the Supreme Court of Canada and in some provinces, specific legislation sets out the fundamental right of individuals to decide which medical interventions will be accepted and which will not.

There is no specific health care consent legislation in Newfoundland and Labrador. However, physicians can find guidance in publications and experience from other provinces. The [College of Physicians and Surgeons of Ontario policy on consent to medical treatment](#) is strongly recommended to physicians in Newfoundland and Labrador. CPSNL has prepared a specific guideline on consent in the treatment of minors, available on the [College website](#). In the near future, the College will prepare a guideline on the issue of consent for adults.

Recent events across Canada highlight the need for effective physician-patient communication especially in the context of an actual or potential adverse outcome in medical treatment.

Patients are entitled to be informed of all aspects of their health care. This right to be informed includes the right of a patient to disclosure of an adverse outcome in

*...it is the ethical responsibility of physicians to ensure patients are fully and appropriately informed about their medical care*



In 1892, Dr. Sir Wilfred Grenfell established the first medical care for the people of the coast of Labrador and northern Newfoundland.

The mission hospital at Battle Harbour, Labrador, established in 1893, was the first in the area.

Grenfell raised money for his medical service through international fundraising. He also used his travels through Europe and the United States as an opportunity to recruit physicians and other health professionals.

Grenfell died in 1940 but the medical service he created carried on until it was absorbed into the provincial health care administrative system in the 1990s.

the course of receiving health care.

The disclosure of an adverse outcome, in accordance with the College guideline on disclosure of adverse outcomes, is not about attributing or admitting any fault or blame. In the view of the College, an adverse outcome will not necessarily be the result of negligence or incompetence. Physicians should review the policy as it is an important part of day-to-day medical practice.

As a physician faced with such a situation, each of us may find the issues involved to be or appear to be complex. The College can be of help in such situations. Physicians facing questions on ethical or other issues should not hesitate to consult in confidence with the College Registrar on professional questions.

## Resources

- ❑ [CPSNL guideline on consent to medical treatment involving minors](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=11)  
<http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=11>
- ❑ [CPSO policy on adult consent to medical treatment](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=15)  
<http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=15>
- ❑ [Disclosure of an adverse outcome](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=15)  
<http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=15>

## Prescribing

Notes

Prescription medicines are an integral part of medical treatment.

Prescribing medication for patient care is a legal responsibility of physicians. However, therapy involves a collaborative effort of physicians and other health professionals. Pharmacists hold a legal and professional responsibility for the dispensing of medicine in response to an order—a prescription—issued by a physician.

Whether a physician is practicing in a hospital setting or in a community clinic, the pharmacist can make a valuable contribution to ensure the prescribed therapy is appropriate and that it is properly administered.

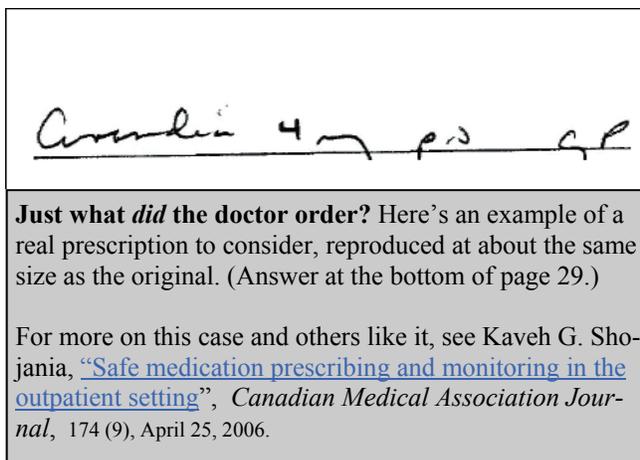
Write clear prescriptions. Include the complete patient name and address. Print or legibly write the name of the drug, strength, dosage, method of administration, quantity to be dispensed and other relevant instructions.

To prevent prescription forgery or tampering, it is good practice to give numbers in both written and numeric form. Use abbreviations sparingly if there is a chance of misunderstanding.

If Latin words, phrases or abbreviations are used, ensure that they are correct and unmistakable (for example, *qd* versus *qid*). If they are not included on pre-printed prescriptions print the physician's license number and name at the bottom of the prescription.

Orders for narcotics and other controlled drugs must be written on tamper-resistant prescription pads (TRPP) which include security features, such as background colour, a watermark and fine printing which will not appear on a photocopy.

Personalized pads may be ordered through the TRPP program. Allow up to two weeks for delivery. Further information on the program including a pad order form and a list of drugs covered by the TRPP program can be found in



Notes

the section on the tamper-resistant prescription pad program below.

## Resources

### General

- ❑ [Advisory - Prescribing of Narcotics](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=41)  
http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=41
- ❑ [Policy - Prescribing Practices/Signing or Countersigning Extra-Provincial Prescriptions/Internet Pharmacies](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=42)  
http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=42
- ❑ [Policy - Prescribing Practices/Signing or Countersigning Prescriptions for Patients in the Province](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=43)  
http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=43
- ❑ [Guideline - Physicians Prescribing Narcotics, other Controlled Substances and Benzodiazepines for Themselves and other Family Members](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=45)  
http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=45
- ❑ [Policy - Non-Resident Physicians Prescribing for Patients outside Newfoundland and Labrador and in particular Countersigning Cross Border Prescriptions](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=44)  
http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=44

The answer: AVANDIA (rosiglitazone), four (4) mg orally. Did you think it was COMADIN (wartarin)? You weren't alone. Both are available in 4 mg tablets. What appears to be "p.o." [per os, Latin for "by mouth"] has been mistaken by some for "p.r.n." [pro re nata, Latin for "as needed"]

## **The Standard Prescription**

The CPSNL Practice Dialogue Newsletter April 2005 describes four requirements for completing a legal prescription as stated in the Controlled Drugs and Substances Act and associated regulation.

- ❑ [Practice Dialogue , April 2005](http://www.cpsnl.ca/Newsletters/April2005.pdf)  
<http://www.cpsnl.ca/Newsletters/April2005.pdf>

## **The Tamper Resistant Prescription Drug Pad Program**

The provincial health care system has adopted a Tamper Resistant Prescription Drug Pad Program to reduce prescription drug abuse and diversion.

Security features contained in the prescription pad make forgeries or alterations difficult. The program lists the Schedule of Drugs that require tamper resistant prescription pads, instruction on completing a prescription, faxing prescriptions to a pharmacy, and ordering prescription pads.

Participation in this program is mandatory for physicians, dentists, and pharmacists.

- ❑ [Tamper Resistant Prescription Drug Pad Program](http://www.health.gov.nl.ca/health/nlpdp/drugpadprogram.htm)  
<http://www.health.gov.nl.ca/health/nlpdp/drugpadprogram.htm>
- ❑ [CPSNL Newsletter on TRPP](http://www.cpsnl.ca/userfiles/file/TRPP%20-%20January2006.pdf)  
<http://www.cpsnl.ca/userfiles/file/TRPP%20-%20January2006.pdf>

## NLCHI Pharmacy Network

The Newfoundland and Labrador Centre for Health Information announced on November 25 that the Baccalieu Trail Pharmacy in South River is online as the pilot site for the Centre's Pharmacy Network project.

The Pharmacy Network is a provincial drug information system and a component of the Newfoundland and Labrador Electronic Health Record (EHR). The network will hold a record of all medications prescribed to patients. Once it is fully operational, the Pharmacy Network will give authorized health professionals access to complete patient medication profiles at the point of care.

The network will also hold comprehensive drug information and an interactive database that will assist health professionals in identifying potential adverse drug interactions and events.

Funding for the development and implementation of the Pharmacy Network and the EHR is provided by the Government of Newfoundland and Labrador and Canada Health Infoway. Funding for the ongoing operation of the Electronic Health Record will be provided by the Government of Newfoundland and Labrador.

The College of Physicians and Surgeons of Newfoundland and Labrador is supporting the Network development by providing information needed to operate a registry of licensed prescribers. The registry allows pharmacists to confirm the authenticity of a prescription.

Specifically, the College is providing the Centre with:

- The physician's name,
- The physician's practice address,
- The physician's practice telephone number,
- The physician's license number, as issued by the College,
- Whether the physician's license is current and in good standing, and,
- Any specific restrictions imposed by the College on the physician's ability to prescribe drugs and controlled substances.

Physicians with prescribing restrictions previously imposed by the College have already been notified separately by the College that the College has disclosed this information to the Centre. In the future, physicians with prescribing restrictions imposed by the College will be informed by the College at the time the restrictions are imposed that these restrictions will be disclosed to NLCHI in order to maintain the Pharmacy Network database.

The name, practice address and practice telephone number provided to the Centre will be the one last provided to the College by the physician and will conform to the same information already provided publicly through the College website ([www.cpsnl.ca](http://www.cpsnl.ca)) through "Physician Search."

Physicians are requested to notify the College promptly of any changes to the contact information listed above.

More information on the Pharmacy Network is available from the NLCHI website ([www.nlchi.ca](http://www.nlchi.ca)).

## Resource

### **Newfoundland and Labrador Centre for Health Information**

- [NLCHI](http://www.nlchi.nf.ca) [www.nlchi.nf.ca](http://www.nlchi.nf.ca)

## Narcotics in pain management

Narcotics are an important part of medical care and the management of acute and chronic pain.

Effective pain management using up-to-date knowledge and treatment modes can improve the quality of life for patients and is an essential part of modern medical practice.

Narcotics are also known drugs of abuse, diversion to the illicit drug market and misuse resulting from a lack of knowledge. Events across North America have highlighted the seriousness of the problem of drug diversion.

Fear of investigation or sanction by federal, provincial and professional regulatory agencies may deter some physicians from prescribing narcotics. This creates an unacceptable professional (ethical) situation in which physicians are providing inadequate patient care.

To allay these fears and in order to support physicians in providing effective care to patients, the College of Physicians and Surgeons of Newfoundland and Labrador has issued guidelines on the prescribing of narcotics in pain management.

Additionally, the College recommends guidelines and recommendations from other Colleges. The resources links below represent the current advice from the College on the use of narcotics in pain management.

Drug diversion may also be accompanied by organized criminal activity. Threats or enticements may be used by people seeking drugs either for their own use or for trafficking.

Physicians who are concerned about potential drug abuse or who are concerned for their own safety—particularly family practitioners in solo practice—should consult in confidence with the College registrar.

## Resources

Notes

### Professional Development Course

**The Physicians' Prescribing Skills Course: Focus on the Prescribing of Addictive and Psychoactive Drugs** – This is a one day course to assist physicians in developing new skills in pain management especially in the area of chronic non-malignant pain. It is offered several times throughout the year by CPSNL. Please contact the College for more information.

### Physician and Psychoactive Drugs

A 1982 pamphlet from what was then known as the Department of Health and Welfare (now Health Canada) included 10 questions (reproduced below) for physicians that were intended to help physicians examine their own prescribing practices and ensure they are not an inadvertent part of drug diversion to the illicit market. The pamphlet is out of print but the 10 questions are reproduced below.

#### Are you part of the problem?

You might be if you answer yes to one or more of the following:

1. Do you prescribe on demand?
2. Do you accept the diagnosis made by the patient?
3. Do you comply with the drug selection suggested or requested by a patient?
4. Do you prescribe small quantities of medication "to get them out of the office"?
5. Do you prescribe any medication without first performing all the necessary examinations to ensure that the patient is in actual medical need of such medication?
6. Do you prescribe before making every effort to ensure the patient is not obtaining medication from other sources while under your care?
7. Do you leave your blank prescription pads or

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- supplies of narcotic and controlled drugs in a place accessible to unauthorized individuals?
8. Do you practice in isolation without maintaining a close professional relationship with pharmacists and other practitioners in your area to facilitate the early identification of drug abuse problems?
  9. Do you react in a negative manner when contacted by a pharmacist to confirm a prescription or to discuss any other matter related to one of your prescriptions?
  10. Do you permit your nurse/receptionist to authorize prescription renewals or relay such information to pharmacists on your behalf?

### **Pain Management Guidelines**

The CPSNL provides guidance for pain management as they relate to the use of controlled substances.

The [advisory on prescribing narcotics](#) is a reminder on writing narcotic prescriptions including part-fills.

[Use of Controlled Substances for the Treatment of Pain](#), [<http://www.cpsnl.ca/default.asp?com=Policies&m=361&y=&id=37>] describes the background of treating pain with controlled substances in Newfoundland and Labrador, gives the seven administrative guidelines the College has adopted, and defines related terms.

The [August 2004 issue](#) of *Practice Dialogue* contains a concise reference guide on treating chronic, non-malignant pain. It covers initial assessment, patients with a history of substance abuse, treatment plans, opioid therapy, follow-up assessments, contracts, prescriptions, drugs with abuse potential, short-acting opioids and handling possible patient threats.

A narcotic flow sheet, pain scale and pain diary, patient agreement letter, and a physician's prescription drug diversion self-checklist are included

- ❑ [Advisory - Prescribing Narcotics](http://www.cpsnl.ca/default.asp?com=Policies&m=361&y=&id=41)  
<http://www.cpsnl.ca/default.asp?com=Policies&m=361&y=&id=41>
- ❑ [Guideline—Use of Controlled Substances for the Treatment of Pain](http://www.cpsnl.ca/default.asp?com=Policies&m=361&y=&id=37)  
<http://www.cpsnl.ca/default.asp?com=Policies&m=361&y=&id=37>
- ❑ [A concise reference guide for treating chronic non-malignant pain – Practice Dialogue , August 2004.](http://www.cpsnl.ca/userfiles/file/Practice%20Dialogue%20August2004.pdf)  
<http://www.cpsnl.ca/userfiles/file/Practice%20Dialogue%20August2004.pdf>

**Management of Chronic Non-Malignant Pain Guidelines (1993).** The College of Physicians and Surgeons of Alberta (CPSA).

These guidelines assist physicians' decisions about appropriate care for patients who are experiencing pain. The document lists seven steps in the management of patient pain, including taking a patient's history, ruling out other possible causes, helping the patient become involved in his/her own treatment and recovery, and possibly enlisting others in a team approach.

There are also eleven guidelines for opioid use to treat chronic non-malignant pain. These guidelines cover topics such as establishing an underlying medical diagnosis, learning the patient history, different combinations and treatment programs the physician may try, and the World Health Organization's own guidelines regarding the use of opioids, called the "analgesic ladder."

As well, the doctor-patient agreement regarding opioid treatment, changes in the severity of pain as treatment progresses, and risks of addiction/dependence are discussed.

- ❑ [Chronic Non-Malignant Pain Guidelines \(Alberta\)](http://uat-cpsa.softworksgroup.com/Libraries/Policies_and_Guidelines/)  
[http://uat-cpsa.softworksgroup.com/Libraries/Policies\\_and\\_Guidelines/](http://uat-cpsa.softworksgroup.com/Libraries/Policies_and_Guidelines/)

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Management\_of\_Chronic\_Non-Malignant.sflb.ashx

**Evidence-based recommendations for medical management of chronic non-malignant pain: a reference guide for clinicians (2000).** The College of Physicians and Surgeons of Ontario (CPSO).

This document is a clinician's reference guide on how to treat chronic headache, migraine headache, neuropathic pain, and chronic musculoskeletal pain. Information about medications and when to prescribe them, information for patients, treatment contracts, and sample pain scales are included.

In 2005, the College of Physicians and Surgeons of Ontario (CPSO) updated the document to include opioid therapy for improving function and relieving and/or sustaining pain relief.

- [Medical Management of Chronic Non-Malignant Pain](http://www.cpso.on.ca/policies/guidelines/default.aspx?id=1980)  
<http://www.cpso.on.ca/policies/guidelines/default.aspx?id=1980>
- [Reference Guide](http://www.cpso.on.ca/uploadedFiles/policies/guidelines/methadone/MedicalManagementPain.pdf)  
<http://www.cpso.on.ca/uploadedFiles/policies/guidelines/methadone/MedicalManagementPain.pdf>

**Abuse and Diversion of Controlled Substances: A Guide for Health Professionals, Canada's Drug Strategy, Health Canada (2006).**

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This guide for health professionals describes abuse and diversion of controlled substances. Sections on prevention, treatment, harm reduction, and enforcement of preventative measures are illustrated with real-life scenarios.

Specific information on defining the problem of drug abuse and diversion, balancing benefit and risk, behavioural profiles, and methods of drug diversion are also featured along with strategies to minimize drug diversion and legal requirements. The guide includes a summary of federal laws governing controlled substances, a sample treatment contract, and controlled drug prescription records.

- [Abuse and Diversion of Controlled Substances](http://www.pdbns.ca/Resources/Docs/Health%20Canada%20-%20A%20Guide%20for%20Health%20Professionals%20-%20English.pdf)  
<http://www.pdbns.ca/Resources/Docs/Health%20Canada%20-%20A%20Guide%20for%20Health%20Professionals%20-%20English.pdf>

## Medical records

A good patient file should have full patient identification on each component of the file. The entries should be legible and each component compiled in a logical, chronological order. The file should be easily retrievable from a well-organized filing system.



Physicians are expected to keep medical records on all patients and to make an entry at each visit or following each telephone conversation summarizing the issues and noting the date.

Chart entries should include an adequate patient history, both positive and negative findings, the diagnosis and the investigation orders. The treatment prescribed should reveal the medications with dosage and quantity clearly stated.

## Notes

Other entries should include allergies and the development of a cumulative patient profile is to be encouraged.

Copies of other information including laboratory and imaging reports received by the physician which are used in providing advice or treatment to the patient should be included in the medical record. The reports should be initialed by the physician prior to filing.

The medical record should include all consultants' reports received by the physician regarding the patient.

## Resources

### Professional Development Course

**Medical record keeping: a record-keeping course for primary care physicians** – This course for office-based practitioners will describe the different methods of good record keeping, clarify the medical and legal reasons for good records and demonstrate the benefits of good record keeping for both the physician and the patient in the provision of quality medical care. Offered periodically through the year by CPSNL. Please contact the College for more information.

### CPSNL Guidelines on Records

- ❑ [Guideline - The Patient Medical Record](http://www.cpsnl.ca/default.asp?com=Policies&m=361&y=&id=31)  
<http://www.cpsnl.ca/default.asp?com=Policies&m=361&y=&id=31>
- ❑ [Guideline - Retention and Storage of Medical Record](http://www.cpsnl.ca/default.asp?com=Policies&m=361&y=&id=30)  
<http://www.cpsnl.ca/default.asp?com=Policies&m=361&y=&id=30>
- ❑ [Guideline - Patient Access to Office Medical Records](http://www.cpsnl.ca/default.asp?com=Policies&m=361&y=&id=32)  
<http://www.cpsnl.ca/default.asp?com=Policies&m=361&y=&id=32>

## Continuity of care

Notes

In most instances, the physician-patient relationship will continue for an extended period.

However, there are instances in which the relationship will end. There are also many instances, unfortunately, in which physicians will provide treatment for patients who do not have a family physician.

Physicians have an ethical responsibility to provide the continuity of care for their patients in all circumstances.

The College has developed clear policies for these circumstances. Sound clinical judgment supported by these policies will serve as the basis for fulfilling a physician's obligations to the patient and to the profession.

## Resources

### CPSNL Guidelines

- ❑ [Guideline - A Physician's Responsibilities when Permanently Closing a Medical Practice](http://www.cpsnl.ca/default.asp?com=Policies&m=361&y=&id=12)  
http://www.cpsnl.ca/default.asp?com=Policies&m=361&y=&id=12
- ❑ [Guideline - Physician's responsibilities when closing their medical practice for an extended period](http://www.cpsnl.ca/default.asp?com=Policies&m=361&y=&id=13)  
http://www.cpsnl.ca/default.asp?com=Policies&m=361&y=&id=13
- ❑ [Guideline - Responsibility for Continuity of Care - Patients without a Family Physician](http://www.cpsnl.ca/default.asp?com=Policies&m=361&y=&id=14)  
http://www.cpsnl.ca/default.asp?com=Policies&m=361&y=&id=14
- ❑ [Guideline - The Patient Medical Record](http://www.cpsnl.ca/default.asp?com=Policies&m=361&y=&id=31)  
http://www.cpsnl.ca/default.asp?com=Policies&m=361&y=&id=31

Notes

- ❑ [Guideline - Retention and Storage of Medical Record](#)  
<http://www.cpsnl.ca/default.asp?com=Policies&m=361&y=&id=30>
- ❑ [Guideline - Patient Access to Office Medical Records](#)  
<http://www.cpsnl.ca/default.asp?com=Policies&m=361&y=&id=30>
- ❑ [Guideline - Ending the Doctor-Patient Relationship](#)  
<http://www.cpsnl.ca/default.asp?com=Policies&m=361&y=&id=17>

## Infection control in the physician's office

While it has long been recognized that prevention against infection is a sound practice, recent events have highlighted again the need for physicians to maintain a sound infection prevention and control program in the office.

It is incumbent on a physician to protect individuals within his or her office practice. This responsibility is not restricted to patients, but rather, includes office staff and other visitors as well. Preventative and protective mechanisms must be in place, not only in direct patient management but in handling of the office environment as well.

In order to implement a sound infection control program, physicians are directed to *Infection Control in the Physician's Office*, a comprehensive booklet prepared by the College of Physicians and Surgeons of Ontario.

### Resource

**Infection Control in the Physician's Office (2004 Edition).** College of Physicians and Surgeons of Ontario (CPSO).

Detailed information is provided about routine practices (hand hygiene, personal protective equipment and handling of sharp objects), transmission-based precautions,

health of personnel (immunization and testing), working environment practices, waste disposal/spill cleanup guidelines, medical instrument instructions, and Workplace Hazardous Materials Information System (WHMIS).

The appendices provide information about keeping the health care environment a safe place for staff and public.

- ❑ [Infection Control in the Physician's Office](http://www.cpsnl.ca/uploadedFiles/policies/guidelines/office/Infection_Controlv2.pdf)  
[http://www.cpsnl.ca/uploadedFiles/policies/guidelines/office/Infection\\_Controlv2.pdf](http://www.cpsnl.ca/uploadedFiles/policies/guidelines/office/Infection_Controlv2.pdf)

## Patient Questionnaires

The College continues to receive inquiries from patients regarding the practice of certain physicians who require prospective patients to complete a detailed medical questionnaire before agreeing to accept patients into their practice.

Patients express concern that physicians are using the information obtained regarding their medical history when deciding whether to accept the patients into their practice.

Based on the CMA Code of Ethics, the College cautions physicians against requiring or asking prospective patients to fill out medical questionnaires until they have been accepted as patients.

The College also advises that the College would seek the physician's response to any allegation from a patient that a physician allegedly used information obtained from a medical questionnaire as cause to decline accepting a patient into the physician's practice, and that such an allegation may become the subject of an investigation by the Complaints Authorization Committee.

## Resource

- ❑ [Advisory - Use of patient questionnaires](http://www.cpsnl.ca/default.asp?com=Policies&m=361&y=&id=39)  
<http://www.cpsnl.ca/default.asp?com=Policies&m=361&y=&id=39>

## Independent Medical Examinations

Independent Medical Examinations (IME's) are impartial clinical examinations performed by physicians at the request of a third party to clarify any patient health issues related to areas such as, employment, insurance or other benefits or legal matters.

In performing IME, the physician usually reviews clinical data, history, physical examination and test results and is required to answer questions related to diagnosis, impairment and causal linkage.

In this type of exam, the physician is acting on behalf of the third party. As such, there is often an opportunity for misunderstanding about the relationship between the patient and the physician involved.

The College has developed a guideline to assist physicians performing IME's, to reduce the possibility of patient dissatisfaction with the examination or its results and to reduce the confusion about the purpose of the examination.

### Resource

- ☐ [Guideline - independent medical examinations](#)

This document does not define a standard of care nor should it be interpreted as legal advice. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to the institution or type of practice.

<http://www.cpsnl.ca/default.asp?com=Policies&m=361&y=&id=24>

## Mandatory Reporting

Notes

Several statutes, including the *Child, Youth and Family Services Act* and the *Highway Traffic Act* establish requirements for physicians to report certain findings to the appropriate authorities.

To assist physicians, the College prepared a summary of federal and provincial statutes related to the practice of medicine in Newfoundland and Labrador. The summary includes links to the current version of each statute.

### Resource

- [Summary of provincial and federal statutes related to the practice of medicine in Newfoundland and Labrador.](http://www.cpsnl.ca/userfiles/file/statute%20summary%20v%202%202%20march%202009.pdf)

<http://www.cpsnl.ca/userfiles/file/statute%20summary%20v%202%202%20march%202009.pdf>

This summary of federal and provincial legislation related to the practice of medicine includes additional information on mandatory reporting requirements.

Following is a list of statutes with mandatory reporting requirements with notes on some recent changes:

[\*Aeronautics Act\*](#) Subsection 6.5(1) of the *Aeronautics Act* requires physicians to report on patients they believe, on reasonable grounds, to be a flight crew member, an air traffic controller, or to hold a Canadian aviation document that imposes standards of medical or optometric fitness, where the physician is of the opinion that the patient has a medical or optometric condition that is likely to constitute a hazard to aviation safety.

[\*Advance Health Care Directives Act\*](#), S.N.L. 1995, c. A-4.1: Section 15 of this Act requires a medical practitioner to notify a patient that he or she has been found by the physician to be mentally incompetent. The patient then has the option to challenge that finding by way of being assessed by a

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second physician.

[Child, Youth, and Family Service Act](#) Section 15 of the *Child, Youth and Family Services Act* imposes a duty on any person, including a health care professional performing professional or official duties with respect to a child, to report to the Director of Child Services, a social worker, or a peace officer, if (s)he has information that the child has been, is or may be in danger of abandonment, desertion, neglect, physical, sexual or emotional ill-treatment, or is under the age of twelve years and has allegedly caused another person serious injury, or has been, is or may be otherwise in need of protective intervention. The report to the relevant authority shall include all the information in the possession of the health care professional.

[Communicable Diseases Act](#) Subsection 4(1) provides that when a physician knows, or has reason to believe, that a person is infected with a communicable disease [listed in the [Schedule](#)], the physician shall, within 24 hours, give notice to either of the Deputy Minister of Health and Community Services or to the health officer in the relevant jurisdiction, and give notice to the hotel-keeper, keeper of a boarding house or tenant within whose house or rooms the infected person lives.

[Controlled Drugs and Substances Act, S.C. 1996, c. 19](#): This federal Act requires that where a physician discovers or is informed that a "targeted substance" or "narcotic" (as those terms are defined and specified in the Act and its regulations) has been lost or stolen, the physician must report this to the federal Office of Controlled Drugs and Substances under the Department of Health, within ten (10) days of discovering or being informed of the loss or theft.

[Fatalities Investigations Act](#), S.N.L. 1995, c. F-6.1: The Act prescribes certain reporting requirements to the appointed medical examiner or investigator, where a person dies in a treatment or health care facility. These requirements are technically imposed on the person responsible for the facility, but for practical purposes may affect the physician(s) responsible for the person who has died.

*Health and Community Services Act* Subsection 3 (1) of the *Health and Community Services Act* outlines the reporting responsibilities of a medical practitioner to the Department. This provision requires that a medical practitioner shall, in relation to matters affecting public health, or the provision of services to families, children or youth:

- (a) answer promptly all communications from the Department;
- (b) collect and tabulate facts and statistics according to instructions given to the medical practitioner by the Department; and
- (c) supply correct information as to all matters submitted to the medical practitioner by the Department.

*Highway Traffic Act* Section 174.1(1) of the *Highway Traffic Act* provides that a medical practitioner shall report to the Registrar of Motor Vehicles the name, address, date of birth and clinical condition of a person sixteen years of age or older attending on the medical practitioner for medical services who, in the opinion of the medical practitioner, is suffering from the condition that may make it dangerous for the person to operate a motor vehicle.

*Mental Health Care and Treatment Act*, S.N.L. 2006, c. M-9.1: Sections 11 and 12 of this Act specify an obligation for the heads of facilities and administrators, wherein they must inform representatives of persons detained for involuntary treatment of that detention, as soon as practicable. These requirements could quite possibly be downloaded onto the attending physician.

*Merchant Seamen Compensation Act* Pursuant to section 48 of the *Merchant Seamen Compensation Act*, any physician who is attending, has the care of, or has been consulted with respect to a seaman who is subject to the *Merchant Seamen Compensation Act*, is required to provide the seaman's employer with reports, as may be required by the employer in respect of the seaman.

*Neglected Adults Welfare Act* Section 4(1) of the *Neglected Adults Welfare Act* provides that a person who has information which leads him or her to believe that an adult is a neglected adult shall give the information, together with the name and address of the adult, to the Director of Neglected Adults appointed pursuant to the Act or to a social

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worker. The definition of "neglected adult" under the Act is an adult

- (1) who is incapable of caring properly for himself or herself because of physical or mental infirmity,
- (2) who is not suitable to be in a treatment facility under the *Mental Health Care and Treatment Act*,
- (3) who is not receiving proper care and attention, and
- (4) who refuses, delays or is unable to make provision for proper care and attention for himself or herself.

*Occupational Health and Safety Act* Section 60 of the *Occupational Health and Safety Act* provides that where a physician finds that a person examined by him or her has an occupational disease, the physician shall, within seven days of the diagnosis:

- (a) notify the Assistant Deputy Minister of Labour, in writing, of the name, address and place of employment of the person and the nature of the occupational disease; and
- (b) notify the person examined by the physician that he or she has an occupational disease and the nature of that disease

*Railway Safety Act*, R.S.C. 1985, c. 32 (4th Supp.): Similarly to the *Highway Traffic Act* and *Aeronautics Act*, the federal *Railway Safety Act* mandates certain reporting requirements under s. 35(2) that where a physician has reasonable grounds to believe that a patient is a person who holds a position that is critical to railway safety and the physician is of the opinion that the patient has a condition which is likely to pose a safety risk to railway operations. In those circumstances, the physician must first inform the patient, then send a notice "without delay" to the physician specified by the railway company for this purpose, while also sending a copy of this notice to the patient. The Act provides that no action or disciplinary hearing will be held in respect of the physician where he or she has worked to comply with this part of the Act in good faith

*Vital Statistics Act, 2009*, S.N.L 2009 c. V-6.01: As part of the changes implemented under this new Act, the reporting requirements for physicians will change slightly. With respect to reporting

on births (s. 4), the time frame for same has changed from forty-eight (48) hours to five (5) days.

For reporting on deaths (ss. 15 and 16), these requirements have changed insofar as there is no direct reporting requirement for physicians under this Act, unless a specific request is made by the funeral director (the direct reporting function may have become redundant in light of the *Fatalities Investigation Act*).

There are also now specific provisions relating to reporting on stillbirths (s. 14), whereby the physician in attendance at a stillbirth is responsible for completing the medical certificate portion of the death registration form showing the cause of the stillbirth, and for delivering same to the funeral director.

The new Act also prescribes more serious penalties for breaches of the Act, including fines up to \$10,000 and/or a period of imprisonment of up to one (1) year for general offences, and more serious penalties for certain willful violations

[Workplace Health, Safety and Compensation Act](#)  
Subsection 57(1) of the *Workplace Health, Safety and Compensation Act* provides that a health care provider attending or consulted upon a case of injury to a worker shall provide reports in a form that may be required by the Workers' Compensation Commission in respect of the injury.

Subsection 57(2) further provides that a health care provider in attendance upon an injured worker shall give reasonable and necessary information, advice and help to enable the worker or his or her dependents to apply for compensation and to provide proof that may be required by the Commission pursuant to the Act.

# Chapter Four

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## *licensing, certification and registration*

In Canada, medical students pass through a number of steps in order to obtain a full, unrestricted license to practice as a family physician or specialist.

First, students must successfully complete medical school. They write the medical Council of Canada Qualifying Exam Part I in their fourth year.

### **The path to practice**

Second, students must enter an accredited postgraduate medical training program. Following at least 12 months of postgraduate medical training, they are eligible to sit Part II of the MCC Qualifying Exam.

Third, on successful completion of the Part I and Part II examinations, the future physician will receive the licentiate of the Medical Council of Canada (LMCC).

Fourth, students must successfully complete the postgraduate training requirements of the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada. Following this, the physician is eligible to write the certification examination in order to meet the requirements for certification as a specialist or family physician.

Educational standards for certifying physicians is the responsibility of the national certification colleges: RCPSC and CFPC. These national certification colleges set standards for post-graduate medical education in Canada and administer the certification examinations. They are also an important link to similar organizations throughout the world.

Certification and maintenance of certification through the appropriate national college is one way of publicly confirming that an individual meets the standards of knowledge and skills set by their colleagues across Canada. It is a means of ensuring the continued quality of medical practice that physicians provide to their patients.

The College of Physicians and Surgeons of Newfoundland and Labrador encourages all newly-licensed physicians who have not already done so to prepare for and write the examinations necessary for certification.

# The Medical Council of Canada and the Licentiate of the Medical Council of Canada

The Medical Council of Canada was the dream of Sir Thomas Roddick, a physician and member of parliament, who pursued his vision of a national medical licensing standard within Canada, through legislation, for over 18 years.

His persistence to pass a bill through Parliament known as the Canada Medical Act, resulted in the formation of the Medical Council of Canada in 1912.

Since that time, the Medical Council of Canada has become a leader in medical assessment.

The Medical Council of Canada's vision is to strive for the highest level of medical care for Canadians through excellence in evaluation of physicians.

The Medical Council of Canada grants a qualification in medicine known as the Licentiate of the Medical Council of Canada (LMCC) to graduate physicians who have satisfied the eligibility requirements and passed the Medical Council of Canada Qualifying Examination Parts I and II.

The Medical Council registers candidates who have been granted the LMCC in the Canadian Medical Register.

For eligibility to sit the Medical Council of Canada Qualifying Examination Part I, graduates of medical schools outside Canada and the United States (International Medical Graduates or IMGs) as well as graduates from U.S. schools of osteopathic medicine must first pass the Medical Council of Canada Evaluating Examination.





Born at Harbour Grace in 1843, Sir Thomas Roddick graduated from McGill University medical school in 1868.

Roddick served as assistant house surgeon at Montreal General Hospital from 1868 to 1874 and also was the first general surgeon at the Royal Victoria Hospital. Roddick introduced the Lister antiseptic method to Montreal in 1877 thereby greatly reducing the rate of infection following surgery.

He served as dean of the faculty of medicine at McGill from 1901 to 1908.

Elected to the House of Commons in 1896, Roddick was re-elected in 1900. He was instrumental in introducing legislation that led to the creation of the Medical Council of Canada and a system of certification examinations for physicians that applied across Canada.

When the Council was created in 1912, Roddick's name was the first entered in the register. The hospital at Stephenville is named in his honour.

(Photo: McGill Archive)

International medical graduates who hold specialty certification in Canada or the United States may be granted an exemption from the requirement to first pass the Evaluating Examination in order to be eligible to write the Qualifying Examination Part I.

In Newfoundland and Labrador the Licentiate of the Medical Council of Canada is required for full licensure.

Provisional licensure is granted in Newfoundland and Labrador without the LMCC.

General practitioners (GPs) applying for provisional licensure who have completed approved international postgraduate training and qualifications may be required to obtain an acceptable score in the MCC Evaluating Examination. [See link below]

Provisionally licensed GPs must obtain the LMCC within five (5) years of licensure.

Specialists who have completed international postgraduate training and qualifications and who are applying for a provisional license in Newfoundland and Labrador are not required to write either the MCC Evaluating Exam or the Qualifying Examination.

Applicants for provisional licensure should consult the College licensing regulations to confirm specific requirements.

## Resources

- ❑ [Medical Council of Canada](http://www.mcc.ca)  
<http://www.mcc.ca>
- ❑ [MCC Examinations](http://www.mcc.ca/en/exams)  
<http://www.mcc.ca/en/exams>
- ❑ [CPSNL MCC Evaluating Exa. scores](http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=27)  
<http://www.cpsnl.ca/default.asp?com=Policies&m=329&y=&id=27>
- ❑ [MCC Qualifying Exam, Part II \(clinical exam\) preparation course](http://www.srpc.ca/dls/MCCQEbroschure.pdf)  
<http://www.srpc.ca/dls/MCCQEbroschure.pdf>

## Royal College of Physicians and Surgeons of Canada

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The Royal College of Physicians and Surgeons of Canada (RCPSC) is a national professional organization established in 1929 by a special Act of Parliament to oversee the medical education of specialists in Canada.

The work of the College centres around its prime objective — to ensure the highest possible stan-



### The Royal College of Physicians and Surgeons of Canada

An organization of medical specialists dedicated to ensuring the highest standards and quality of health care for Canadians

dards of specialist postgraduate education and specialist care for the people of Canada.

In order to be entered in the CPSNL specialist register, a specialist must be certified by RCPSC in his or her specialty.

CPSNL is currently reviewing licensing requirements and may, in the future, require RCPSC certification and the LMCC for registration and full licensure as a specialist.

In order to address the shortage of specialist physicians across Canada, the Royal College has developed alternative pathways to certification so that qualified specialist physicians trained outside Canada (international medical graduates or IMGs) can attain full Royal College certification. Detailed information regarding alternative pathways is available at the Royal College [website](#).

CPSNL recommends that non-certified specialists practicing in the province obtain their certification at the earliest opportunity.

One alternate route is Practice Ready Assessment (PRA) which is intended for international medical graduates (IMGs) in Canada with certification from an international jurisdiction.

Non-certified specialists who trained outside Canada, practicing in Newfoundland and Labrador who are inter-

### Notes

ested in applying for the PRA process must do so through the College of Physicians and Surgeons of Newfoundland and Labrador. Once an applicant is accepted into the PRA process, the CPSNL will forward the required supporting information to the RCPSC.

The RCPSC also offers a maintenance of certification program based on a five year cycle. Successful completion of the cycle is required in order to maintain certification by RCPSC.

The Royal College maintenance of certification process meets a CPSNL requirement for continuing medical education. As such, it also meets one of the requirements for the proposed revalidation process [see page 18].

The RCPSC maintenance of certification process is available to licensed, non-certified specialists who have not completed RCPSC training and who are not members of the RCPSC. CPSNL recommends that non-certified specialists participate in the maintenance of certification program as a means of meeting current CPSNL continuing medical education requirements.

## Resources

- ❑ [Royal College of Physicians and Surgeons of Canada](http://rcpsc.medical.org)  
<http://rcpsc.medical.org>
- ❑ [RCPSC Credentials and Examinations](http://rcpsc.medical.org/residency/certification/index.php?page_title=Examinations)  
[http://rcpsc.medical.org/residency/certification/index.php?page\\_title=Examinations](http://rcpsc.medical.org/residency/certification/index.php?page_title=Examinations)

## The College of Family Physicians of Canada

Founded in June, 1954, the College of Family Physicians of Canada is the national organization of family physicians which promotes high quality health care by family physicians for their patients.

The goal of promoting high quality health care is achieved by encouraging and supporting high standards of postgraduate medical education at all levels and by developing a wide range of programs and services in continuing physician education.



The College of  
Family Physicians  
of Canada

Le Collège des  
médecins de famille  
du Canada

CFPC prescribes the requirements for postgraduate education and training for family physicians. It also accredits university-based residency programs in Canada.

The College of Family Physicians of Canada conducts examinations [leading to certification](#) (CCFP). The examination may be taken by residents who successfully complete a minimum of 24 months training in a CFPC accredited family medicine residency program in Canada or by practicing family physicians who qualify for the certification examination in family medicine based on a combination of their training and practice experience.

The CCFP designation may also be granted without examination by the CFPC to physicians who have successfully graduated from accredited postgraduate family medicine training programs in [approved jurisdictions](#) which have equivalent accreditation standards for family medicine training. Approved jurisdictions include the United States of America and Australia.

The CFPC has also developed an [Alternative Route to Certification](#). Eligibility for the alternative route to certification is [available to practicing family physicians](#) who:

- have held a full and unrestricted license to independently practice family medicine in Canada on or before January 1, 1994 and who are currently in active family practice in Canada; or who

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- have been in independent practice while holding a full and unrestricted license to practice family medicine in Canada for 5 or more continuous years immediately preceding the date of application.

Family Medicine residents and practicing family physicians are referred to the CFPC website for more information regarding certification:

**Certification by examination**

- [Family Medicine Residents](#)
- [Practicing Family Physicians](#)

**Certification without examination**

- [Alternative Route to Certification](#)
- [Equivalent Training and Certification in jurisdictions outside Canada](#)

CPSNL recommends all licensed family physicians in the province obtain the CFPC certification at the earliest opportunity. The College is currently considering making CFPC certification and the Licentiate of the Medical Council of Canada (LMCC) mandatory for registration and full licensure of family physicians.

Successful completion of CFPC maintenance of proficiency program ([MainPro®](#)) is required by CFPC to maintain certification. The program is based on a five year cycle.

MainPro® meets a CPSNL requirement for continuing medical education. As such it also meets one of the requirements for the proposed revalidation process [see page 18].

CPSNL recommends that non-certified, licensed family physicians participate in the MainPro® program as a [full CFPC](#) member or, at least, as a non-member participant. CFPC maintains records of continuing medical education that can be accurately obtained for revalidation at any time.

More information on CFPC, certification (CCFP) and MainPro® are available at the College of Family Physicians of

Canada website.

Notes

## Resource

- ❑ [College of Family Physicians of Canada](http://www.cfpc.ca/global/splash/default.asp?s=1)  
<http://www.cfpc.ca/global/splash/default.asp?s=1>

## Professional Medical Corporations (PMCs)

Under the [Medical Act, 2005](#), a medical practitioner cannot provide his or her services by or through a corporation unless it is a professional medical corporation registered and licensed with the College of Physicians and Surgeons of Newfoundland and Labrador.

A professional medical corporation must be incorporated under the [Corporations Act](#) of Newfoundland and Labrador and in accordance with the [regulations](#) under the [Medical Act, 2005](#) concerning professional medical incorporation.

Under a professional medical corporation, physicians have the same legal and ethical responsibilities to their patients. They remain personally liable for medical negligence and also remain accountable to the College for their conduct.

The College recommends that physicians obtain and review the PMC application form, the notice of change form and the instructions from the College prior to incorporation of a PMC.

Professional medical corporations must be renewed annually

Application forms and other documents on professional medical corporations are available from the College and on the College website.

## Resources

- ❑ [Professional Medical Corporation](http://www.cpsnl.ca/default.asp?com=Pages&id=88&m=333)  
<http://www.cpsnl.ca/default.asp?com=Pages&id=88&m=333>
- ❑ [PMC sections of the Medical Board Regulations](http://www.assembly.nl.ca/Legislation/sr/Regulations/rc961113.htm)  
<http://www.assembly.nl.ca/Legislation/sr/Regulations/rc961113.htm>

## Medical Identification Number for Canada (MINC)

The Medical Identification Number for Canada (MINC) provides a unique permanent identifier for every medical professional in the Canadian medical education and practice system.

Once assigned, MINC numbers remain unchanged throughout the physician's entire medical career.

All medical licensing authorities in Canada have endorsed the MINC number as a primary means of identifying individual physicians.

In order to generate a MINC number, the College will require permission from an applicant to provide to the MINC database the applicant's name, gender, date and country of birth, university which granted his or her medical degree and year of graduation.

Once assigned, the number will be sent to the College which will, in turn, provide the number to the physician.

## Resource

- ❑ [Medical Identification Number for Canada \(MINC\)](http://www.minc-nimc.ca)  
<http://www.minc-nimc.ca>

## Annual License Renewal

Physicians in Newfoundland and Labrador must renew their medical licenses annually with the College.

Prior to the time of renewal, physicians receive a renewal application form and an invoice for the renewal fee. In the same package, physicians are also informed of the date by which the renewal fee must be paid.

Failure to pay the renewal fee by this date will result in a late payment fee.

The renewal form includes a series of questions designed to update the College on changes to a physician's name, practice location, scope of practice, medical education, continuing professional development, history of discipline by other medical licensing authorities, and health status.

Professional Medical Corporations must also be renewed annually.

### Resource

- [By-Law 7—regarding information and verification of information for registration or licensing](http://www.cpsnl.ca/default.asp?com=Bylaws&m=292&y=&id=7)  
<http://www.cpsnl.ca/default.asp?com=Bylaws&m=292&y=&id=7>

## Canadian Medical Protective Association (CMPA)

Physicians holding a license to practice in Newfoundland and Labrador are required to hold professional liability coverage.

Professional liability coverage is also required by the College for residents in post-graduate training who have been issued a provisional locum license, a prescribing license, or a family practice training license.

Residents who do not hold a license of any type are not required by the College to have professional liability coverage.

The College recommends that physicians and residents obtain this coverage through the Canadian Medical Protective Association (CMPA)

The Canadian Medical Protective Association was founded in 1901 and incorporated by Act of Parliament in 1913. It is funded and operated on a not-for-profit basis for physicians, by physicians and its membership of more than 71,000 comprises about 95 per cent of the physicians licensed to practice in Canada.

The CMPA is a mutual defence organization for physicians who practice in Canada. It provides members with medico-legal advice, legal assistance and risk management educational programs.

Physicians who find themselves involved in a disciplinary process or in other medico-legal issues are advised to seek counsel from CMPA.

### Resource

- [CMPA](http://www.cmpa-acpm.ca/cmpapd04/index.cfm)  
<http://www.cmpa-acpm.ca/cmpapd04/index.cfm>

Notes





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